

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	GW	249	
O.I.P.E. CLASSIFIER		43	5/20/98
FORMALITY REVIEW	WMB	108031	6-3-98

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/6/90
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3	8/13/90
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Claim	Date
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